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7265 7590 05/17/2004

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Peter L. Michaelson	XXXXXXXXXX
<i>Peter L. Michaelson</i>	(Signature)
JUL 21 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/701,622	06/19/2001	Coenraad Jan Spaans	POLYANICS-1	8926

TITLE OF INVENTION: BIOMEDICAL POLYURETHANE, ITS PREPARATION AND USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	\$1330 \$665.00	\$0	\$1330 \$665.00	08/17/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
GORR, RACHEL F		1711	528-044000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 MICHAELSON & ASSOCIATES
2 Peter L. Michaelson
3 Arthur L. Liberman

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Polyanics B.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Groningen, Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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7/19/04

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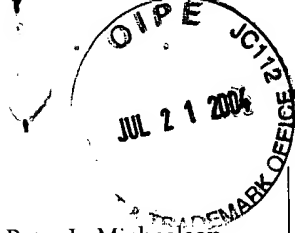
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MICHAELSON & ASSOCIATES

Peter L. Michaelson
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July 19, 2004

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the following utility patent application, we have enclosed herewith form PTOL-85B (in duplicate) and our check (\$ 665.00) for the issue fee due.

Applicants: **Coenraad J. SPAANS, Jacqueline H. DE GROOT, Folkert G. DENKENS, Albert J. PENNINGS**

Title: **BIOMEDICAL POLYURETHANE, ITS PREPARATION AND USE**

Serial No.: **09/701,622**

Filed: **June 19, 2001**

Confirmation No.: **8926**

Doc. No. **Polyganics-1/RCE (P22294US00)**

In the event this check is unacceptable, insufficient or is omitted, please charge any additional fee to our deposit account number 13-3083. To facilitate this charge, a duplicate copy of this letter is also enclosed herewith.

Respectfully submitted,

MICHAELSON & ASSOCIATES

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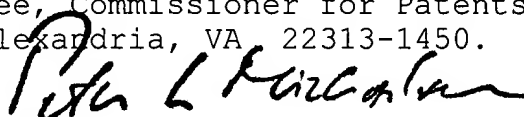
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